

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **101705874** FILING DATE  
APPLICANT(S)

**5/25/07**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3				1		
4				1		
5				1		
6						
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14			1			
15				2		
16			1			
17						
18				4		
19				1		
20				1		
21				4		
22				4		
23				4		
24				4		
25						
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28						
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31						
32						
33						
34						
35						
36						
37						
38				1		
39			1			
40				1		
41				1		
42			1			
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
55		1				
56		1				
57		1				
58		1				
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81						
82						
83						
84						
85						
86						
87	1					
88						
89		1				
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.		47				
TOTAL CLAIMS		56				